AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: [X]IXC []CLEC []ILEC []Wireless 222605

CERTIFICATED COMPANY INFORMATION

| | | OLIVIII IOIXI LE COMO | | | | | | | |
|--------------|--|--|--------------------------|----------|----------|--|--|--|--|
| Broad | view Networks, Inc. | | | | | | | | |
| Company Name | | | NOON. | | | | | | |
| | | | (610) 755-4446 | | | | | | |
| Dba/fk | | | Telephone # | | | | | | |
| 2100 (| Renaissance Blvd. | | | | <u>.</u> | | | | |
| | ng Address | | | (-1) | | | | | |
| | of Prussia, PA 19406 | | | · · · | | | | | |
| | State, Zip Code | | | | * | | | | |
| • | Renaissance Blvd. | | | | - 1 | | | | |
| | ess Location | | | | | | | | |
| | Of Prussia, PA 19406 | | Montgomery | | • | | | | |
| | State, Zip Code | | County | <u> </u> | | | | | |
| Oity, C | stato, Elp oodo | | | | <u> </u> | | | | |
| | | REGISTERED AGE | NT INFORMATION | | | | | | |
| Reais | tered Agent: CT Corporati | on System | | | | | | | |
| | | | | | | | | | |
| Mailin | g Address: <u>75 Beattie Pla</u> | ce | | | | | | | |
| | | L- 00 00004 | | | | | | | |
| City, S | State, Zip Code: Greenvill | e, SC 29001 | | | | | | | |
| Α. | Charles C. Hunter 800 We | stchester Ave., Suite N501, Rye E address if different than above.) | | | | | | | |
| | | · | / chunter@broadviewnet | .com | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | | | |
| В. | Lisa Taylor 800 Westchester Ave., Suite N501, Rye Brook, NY 10573 | | | | | | | | |
| Ь. | Customer Relations / Complaints Representative (Include address if different than above.) | | | | | | | | |
| | 914-250-5420 | | / Itaylor@broadviewnet.c | | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | | | |
| 04 | Line Toylor 900 Mostobost | or Ave. Suite N501 Rve Brook N | NY 10573 | | | | | | |
| C1. | <u>Lisa Taylor 800 Westchester Ave., Suite N501, Rye Brook, NY 10573</u> Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) | | | | | | | | |
| | 914-250-5420 | | / Itaylor@broadviewnet.c | com | <u> </u> | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | | | |
| C2. | 800-276-2384 | | | | | | | | |
| UZ. | Customer Contact (Toll F | ree Number) | | | | | | | |
| _ | | | | | | | | | |
| D. | Engineering Operations | (Include address if different than a | above.) | | | | | | |
| | | | <i></i> | | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | | | |
| _ | · | | | | | | | | |
| E. | Test and Repair (Include | address if different than above.) | | | | | | | |
| | | 1 | 1 | | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | | | |

| F. | Emergencies (During non | office hours) | | | | | |
|--------|---|------------------------------------|----------|--|---------------------|--|--|
| | Emergencies (During non- | -onice nours) | , | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| In add | dition, please provide the follo | owing company contact infor | mation t | o assist in proper routing of correspond | lence and invoices: | | |
| | | | | | | | |
| G. | <u>Jarrod Harper – Manager, Regulatory & Compliance 2100 Renaissance Blvd., King Of Prussia, PA 19406</u> Regulatory Officer (Include address if different than above.) | | | | | | |
| | 610-755-4446 | / 347-287-0845 | | jharper@broadviewnet.com | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| H. | Jarrod Harper | mal | | | | | |
| | Dual Party Mailings (Name) 2100 Renaissance Blvd., King Of Prussia, PA 19406 | | | | | | |
| | Mailing Address | ing Of Frussia, FA 10400 | | | | | |
| | 610-755-4446 | / 347-287-0845 | | jharper@broadviewnet.com | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| l. | Jarrod Harper Interim LEC Fund Mailings (Name) | | | | | | |
| | 2100 Renaissance Blvd., K | King Of Prussia, PA 19406 | | | | | |
| | Mailing Address | . 047.007.0045 | , | iharper@broadviewnet.com | | | |
| | 610-755-4446 | / 347-287-0845 Facsimile Number | | E-mail Address | | | |
| _ | Telephone Number | r additille realition | | _ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| J. | Jarrod Harper Universal Service Fund Mailings (Name) | | | | | | |
| | 2100 Renaissance Blvd. k | (in Of Prussia PA 19406 | | | | | |
| | Mailing Address | | , | ih am ar@hra adviournat aom | | | |
| | <u>610-755-4446</u> | / 347-287-0845 Facsimile Number | | jharper@broadviewnet.com E-mail Address | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| K. | Jarrod Hap er Gross Receipts Mailings (Name) | | | | | | |
| | 2100 Renaissance Blvd., King Of Prussia, PA 19406 | | | | | | |
| | Mailing Address | VING OFFIUSSIA, FA 19400 | | | - | | |
| | 610-755-4446 | / 347-287-0845 | 1 | jharper@broadviewnet.com | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | |
| L. | Jarrod Hap er | | | | | | |
| - | Lifeline Mailings (Name) | | | | | | |
| | 2100 Renaissance Blvd., King Of Prussia, PA 19406 | | | | | | |
| | Mailing Address | / 347-287-0845 | , | jharper@broadviewnet.com | | | |
| | 610-755-4446 Telephone Number | Facsimile Number | | E-mail Address | | | |
| | | | | 1 1 1 | | | |
| | Jarrod Harper | | | Chewood Harpey | | | |
| | This form was completed | by (print name) | | Signature | | | |
| | Manager, Regulatory & Co | ompliance | | 3/5/10 | | | |
| | Т | itle itle | | Date | | | |

RETURN COMPLETED FORM TO:

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)